UNITE	D STATES SE	NATE AL AN	FINAN(CIAL DISCLO	SURE F			
CLast Name	First Name and Middle Init			Annual Report		Senate Office / Agency in Which	h Employed	
Clast Name Coburn	Thomas A			Calendar Year Covere	ed by Report:	Oklahoma	=	
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone N	Number (Includ	de Area Code)	Termination Report		Prior Office / Agency in Which	Employed	
172 RSOB	202-224-5754			Termination Date (mi				
AFTER READING THE INSTRUCT	TIONS - ANSW	ER EA	CH OF T	HESE QUES	TIONS AN	ND ATTACH THE	KEEEVANT P	41
		YES	NO .	불면 100명 전 10 		<u> </u>	YES	NO
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the off Yes, Complete and Attach PART I.	reporting period?		Did rein from lf Y	nbursements for trav n one source)? es, Complete and A	vel in the repor ttach PART VI		re than \$555	
Did you or your spouse have earned income (e.g., sal investment income of more than \$200 from any report reporting period? If Yes, Complete and Attach PART II.	able source in the		than	n \$10,000) during th es, Complete and A	e reporting pe ttach PART VI	11.		
Did you, your spouse, or dependent child hold any rep more than \$1,000 at the end of the period, or receive investment income of more than \$200 in the reporting If Yes, Complete & Attach PART IIIA and/or IIIB.	unearned or		lf Y	rent calendar year? es, Complete and A	ttach PART V			
Did you, your spouse, or dependent child purchase, so reportable asset worth more than \$1,000 in the report of Yes, Complete and Attach PART IV.	ing period?		ent If Y	ity? ′es, Complete and A	ttach PART IX	 		
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$335 and exempt)?	reportable gift in the I not otherwise		X \$ 5.	nis is your FIRST Re 000 from a single so 'es, Complete and A	ource in the <u>tw</u>	receive compensation of root prior years?	more than	
If Yes, Complete and Attach PART V. Each question must	vo answered a	nd the	approbr	iate PART at	ached fo	r each "YES" res	ponse.	
Each question must	re allowered a	nu the	appropr		<u></u>	- 222 U-+ S	Office Building	LS
File this report and any amendments with	the Secretary o	t the Ser	nate, Offic	e of Public Rec	oras, Rool	III ∠3∠, ⊓art Senate (omos bullany, t	
Senate Washington, DC 20510. \$200 Per	nalty for filing mo	ore than	30 days a	mer que date.			19 /	
This Financial Disclosure Statement is required by the Office of the Secretary of the Senate to an on Ethics. Any individual who knowingly and will criminal sanctions. (See 5 U.S.C. app. 6, 104, app. 6).	ny requesting persoi Ifully falsifies, or who	n upon wr o knowing	ritten applic	ation and will be re	eviewed by to s report may	be subject to civil and	Do Not Write Below	v this Line
Certification I CERTIFY that the statements I	Signature of Re	porting Indiv	/idual		Date	(Month, Day, Year)	50 1-5 50 1-5 100	
have made on this form and all attached schedules are true, complete and correct to the best of					5/11/	67	2 S	
my knowledge and belief.	For Official Use Only -	Do Not Writ	te Below This	Line			1	
It is the Opinion of the reviewer/that	Signature of Re				Date	(Month, Day, Year)	-	
the statements made in this form are in compliance with Title I of the Ethics in Government Act.								

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Thomas A Coburn

PART II. EARNED AND NON-INVESTMENT INCOME

2

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

⊟ndividuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity Speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

	Name of Income Source	Addres	s (City, State)	Туре о	f Income	Amount
JP (Computers	Wash., DC	Example	Salary	Example	\$15,000
yample:	(Spouse)	Arlington, VA	Example	Salary	Example	Over \$1,000
Muskogee	Allergy Clinic	Muskogee, OK		Busine	ss income	\$268
Taber Deve	elopment, LLC (spouse)	Muskogee, OK		Busine	ss income	\$6870
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N	rting Individual's Name	

Page Number

BLOCK C Type and Amount of Income

Thomas A Coburn BLOCK A						оск					П							т.			OCK		f In		ne		7				
Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			At th	ne cl None	ose o e, or le	n of f repo ess the first	orting an \$1	perio				ŀ	f "Nc	one (o	r less in	s thar	n \$20 es inc	1)" is	ype and Checked received	. no	other	entr	y is r he b	need enef	led in	the ir	naivio	duai.		∍m. ¯	This
raded asset held by you, your spouse, or				Cito	CK III	5 111 31	Cola							Ту	oe c	of In	com	ie			7		F	\mc	oun	t of	Inc	om	Э		
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,600,000***	\$1,000,001 - \$5,000,000	i F	Actual Amour Require if "Other Specifie
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Example: DC, or J (S) Keystone Fund			19		X		5				100	190				X	de de		Example	Х				\perp			—	4	#	4	Examp
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2 S American Bank of Oklahoma		х				74) 43)						х							_			_	
J Citizens Bank & Trust			х	200 201 201							40			>				Š				х					_	\perp	\bot	1	
4 US Senate Federal Credit Union-savings			x				(disagraphic series of the se							>						X						\perp	_	\bot		\bot	
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9 Boardwalk Pipeline Partners		х			**************************************							х								х									\perp	\perp	
10 Dow Chemical		х										x								X									ŀ		

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

0	rting Individual's Name
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Page Number

4

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001.

BLOCK B

Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Report the complete name of each publicly traded asset held by you, your spouse, or eyour dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or Pinvestment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period.

income during the reporting period.
Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

IBM Corp. (stock)

(S) Keystone Fund

S,

or J (S) Ke

2 General Electric Co

4 | Helmerich & Payne Inc

JP Morgan Chase & Co

8 Devon Energy Corporation

Standard Pacific Corp

3 Halliburton Co

6 Pfizer Inc

7 Transocean Ltd

10 Tyson Foods Inc

Example: DC.

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	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$56,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001_\$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001-\$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
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(1)=1	rting Individual's Name
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Example: DC,

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

5

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

At the close of reporting period.

BLOCK C Type and Amount of Income

Report the complete name of each publicly traded asset held by you, your spouse, or byour dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or Pinvestment which:

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or

close of the reporting period, and/of (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Keystone Fund

(S)

2 US Treas note 2.875 6/10/10

4 | Berk Hathaway 5 8/15/13

Charles Schwab cash reserve

3 Fed Home Loan Bank 5.375 6/10/11

5 Burlington Northern 7.29 6/01/36

6 Dominion Resources 5.25 8/01/33

7 | Fortune Brands 5.125 1/15/11

8 Kraft Foods Inc 5.625 11/01/11

9 News America Inc 6.75 1/09/38

10 Affymetrix Inc 3.5 1/15/38

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	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	"Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001-\$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specifie
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

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BLOCK B Valuation of Assets

At the close of reporting period. If None, or less than \$1,001,

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

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Report the complete name of each publicly traded asset held by you, your spouse, or	ļ			Che	ck th	ne fir	rst col	lumr	n.						T	ype	of	Inc	ome	:					F	١mc	oun	t of	Inc	ome	е		
Your dependent child, (See p.3, SONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 -\$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	8	Actual Amount Required if "Other" Specified
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2 Beazer homes US 4.625 6/15/24		x	and the state of t			e dak	10 to							1.4		X				163			Х				\vdash						
3 Ceradyne Inc 2.875 12/15/35		x				en e	Çiingili d	Zii				+ 5		1 (1) 1 (1) 1 (1)		X							Х								\sqcup		
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Offinionas A Coburn BLC BLC Control Identity of Public And Unearned **BLOCK A** Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

And Unearned Income Sources			At th	ne cl None	lose o	of re less	portii than	ng pe \$1,0	eriod 001,	•				lf "N	one	(or l	ess t incl	han udes	\$201) inco)" is me ı	Checked received o	, no e or ac	other crue:	entr d to t	y is i	need	led in fit of	ı Blo the i	ck C	for t	that it	lem.	. This
Report the complete name of each publicly traded asset held by you, your spouse, or				Che	ck th	e fir	st co	lumr	١.						T	уре	of	Inc	ome)					- /	Am	oun	t of	Inc	om	е		
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2 Frisco Tex Indp Sch 5.0 8/15/19		x	## P	\$ \$ \$ \$\$	1 d	le j	57	SEPTENT STATE								X							×								_	- 1	
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Dhomas A Coburn BLO Identity of Public And Unearned I **BLOCK A** Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

And Unearned Income Sources	İ		At t	he cl None	ose o	f repo	orting han \$	peri 1,00	od. 1,				lf "N	lone	(or le	ess t incli	han S udes	(201) incom	is C ie re	hecked, ceived o	no c	crue	entr I to t	he b	enef	it of t	he ir	ndivid	dual.			
Report the complete name of each publicly traded asset held by you, your spouse, or	Ì				ck the									T	ype	of	Inco	ome						ļ	١m٥	oun	t of	Inc	om	е		
your dependent child, (See p.3, OONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	#420,001 - #300,000 #500 004 - #1 000 000	\$300,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,0001 \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust		Other Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	8	Actual Amount Required if "Other" Specified
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10 Franklin Bank 4.0 5/01/27	x														x			r. 3.				x										

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BLOCK A Identity of Publicly Traded Assets

BLOCK C Type and Amount of Income

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources			Va		BLO tion			ets									_			e and	Αn		nt o				n Blo	nck C	: for f	that i	item.	This
	At the close of reporting period. If None, or less than \$1,001, Check the first column.												If "No	one (or le	ss th	an \$: des i	201)" incom	is Ci ne rec	hecked, ceived o	no c	crue	enu i to t	HC D	CHO							
Report the complete name of each publicly traded asset held by you, your spouse, or			. (Chec	k the	first o	colum	in.					-	Ty	/pe	of I	nco	ome							Amo	oun	t of	Inc	om	е		
your dependent child, (See p.3, OONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a	None (or less than \$1,001)	\$1,001-\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000 \$250.001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust Ouglified Blind Trust		Other Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
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Example: DC, or J (S) Keystone Fund	土				x								Tele Cal		1157		X		12.7	Example	Х					<u> </u>	P. S.	_				Example
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Thomas A Coburn

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

10

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

BLOCK B
Valuation of Assets

BLOCK C

Type and Amount of Income

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Sinstructions) for production of income or

At the close of reporting period. If None, or less than \$1,001, Check the first column. If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or

(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind

IBM Corp. (stock)

Keystone Fund

trusts, and publicly traded assets of a

***US Treas note 2.875 6/30/10

***Berk Hathaway 5.0 8/15/13

***Fortune brands 5.125 1/15/11

***Ingersoll Rand 6.391 11/15/27

***SBC Commun 5.625 6/15/16

***Southwest Airlines 6.5 3/01/12

***Schwab Cash Reserve

***General Electric Co 5.25 12/06/17

***Fed Home Loan Bank 5.375 6/10/11

Charles Schwab IRA***

retirement plan.

Example: DC.

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Thomas A Coburn

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

11

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

And Unearned Income Sources			At th	e clo Vone	ose of r	repor	rting r an \$1	peric 1,001	od. 1,				If "N	one	(or le	ess the inclu	nan \$ udes	i201)" i income	is Checke e received	d, no or ac	other	d to	ry is i the b	need ene	ied in fit of t	the ir	ndivic	iual.	iat ite	3111.	11115
Report the complete name of each publicly traded asset held by you, your spouse, or					ck the 1									T	vpe	of	Inco	ome		Π				Am	oun	t of	Inc	om	a -		
Contents of Reports Part B of Sonstructions) for production of income or sinvestment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 \$100,000	\$100,001 - \$250,000 \$250;001 - \$500,000	\$500,001 - \$1,000,000	Over.\$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001 - \$50,000,000	Over.\$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000 Over \$5,000,000	F	Actual Amount Required if "Other" Specified
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10 ***Toreador Resources 5.0 10/01/25		x							1 1	d a					x			0.5- 6-6		X									. [ı

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Example: DC.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

12

BLOCK A **Identity of Publicly Traded Assets** And Unearned Income Sources

Report the complete name of each publicly Graded asset held by you, your spouse, or Our dependent child, (See p.3,

CONTENTS OF REPORTS Part B of Onstructions) for production of income or investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned"

income during the reporting period. Anclude on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

(S) ***Trex Co Inc 6.0 7/01/12

***Yellow Corp 5.0 8/08/23

***American Pacific Corp

***JPMorgan Chase & Co

***Kinder Morgan Mgmt LLC

***Teekay Offshore Partners

***Williams Companies

***A E S Trust III 6.75 PFD

**Diamonds Trust Series I

10 ***Ford Motor Co Cap 6.5 PFD

IBM Corp. (stock)

Keystone Fund

BLOCK B Valuation of Assets

At the close of reporting period. If None, or less than \$1,001,

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

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NP	ting Individual's Name

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Example: DC,

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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

13

BLOCK A **Identity of Publicly Traded Assets** And Unearned Income Sources

BLOCK B Valuation of Assets

At the close of reporting period.

If None, or less than \$1,001,

BLOCK C Type and Amount of Income

Report the complete name of each publicly Fraded asset held by you, your spouse, or

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

our dependent child, (See p.3, CONTENTS OF REPORTS Part B of Onstructions) for production of income or investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period.

(1) had a value exceeding \$1,000 at the

income during the reporting period. ncome during the reporting period anclude on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

(S)

***Ishares TR Barclays TIPS

***UTD Rentals Tr I 6.5 PFD

Senate Thrift Savings Plan

IBM Corp. (stock)

Keystone Fund

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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

14

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

And Unearned Income Sources	Ì		At th	ne clo None	ose of	f rep	orting han \$	g peri \$1,00	iod.)1,				If "N	lone	(or le	ess the inclu	han \$ udes	(201) incom	is Ci e red	hecked, ceived o	no o	otner crue	entr d to t	he b	enef	it of t	the in	ndivid	laut.	nai ne	2111 .	11113
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Vour dependent child, (See p.3, CONTENTS OF REPORTS Part B of PInstructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000 \$500,001 - \$1,000,000	\$500,001 \$1,000,000	CVef \$ 1,000,000 \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest : The state of the sta	Capital Gains	Excepted Investment Fund	Excepted Trust Ouslified Blind Trust		Other Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	F	Actual Amount Required if "Other" Specified
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2 S US Treas Note 2.875 6/30/10		x													×			e			Х							_	_	_	\perp	
3 S Berk Hathaway 5.0 8/15/13			x		4.										x							×			35,18				\perp	\perp	\perp	
4 S General Electric Co 5.25 12/06/17		x		N W					-				Jis.		x							×							\dashv	_	4	
5 S SBC Commun 5.625 6/15/16		×													х							×							\dashv	_	_	
6 S Affymetrix 3.5 1/15/38		×													x							×			-				_	_	\perp	
7 S Americredit 0.75 9/15/11		х					250								x		-435°				.: .	×						Ш			1	
8 S Beazer Homes US 4.625 6/15/24		×		77-28 - 57 - 62 - 62 - 63											x							х						Ш				
9 S Ceradyne Inc 2.875 12/15/35		X							12						Х							X						Ц			1	
10 S Continenetal Airlines 5.0 6/15/23		х					36		E.						x							x					5					

0	ting Individual's Name
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Page Number

15

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly
draded asset held by you, your spouse, or Dour dependent child, (See p.3,

At the close of reporting period. If None, or less than \$1,001, Check the first column.

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Amount of Income Type of Income CONTENTS OF REPORTS Part B of Instructions) for production of income or nvestment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Actual Amount \$25,000,001 - \$50,000,000 Excepted Investment Fund Other \$1,001) \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 \$201) \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 Required \$250,001 - \$500,000 Qualified Blind Trust \$50,001 - \$100,000 \$100,001 - \$250,000 Over \$1,000,000*** \$50,001 - \$100,000 Over \$1,000,000*** (Specify None (or less than \$15,001 - \$50,000 Rinclude on this PART IIIA a complete None (or less than Over \$50,000,000 Over \$5,000,000 \$15,001 - \$50,000 \$5,001 - \$15,000 "Other" \$1,001 - \$15,000 Type) \$1,001 - \$2,500 \$2,501 - \$5,000 identification of each public bond, mutual Excepted Trust Specified \$201 - \$1,000 Capital Gains fund, publicly traded partnership interest, Dividends excepted investment funds, bank Interest accounts, excepted and qualified blind None Rent trusts, and publicly traded assets of a retirement plan. Example Х Example χ X IBM Corp. (stock) Example: DC. Example Χ Example Х (S) Keystone Fund Х S Encore Capital 3.375 9/19/10 Х X Х Х S Lifetime Brands 4.75 7/15/11 X Х Х S Standard Motor 6.75 7/15/09 Х Х X S Toreador Resources 5.0 10/01/25 Х Х Х 5 | S Trex Co Inc 6.0 7/01/12 X Х Х 6 S Yellow Corp 5.0 8/08/23 X Х Х 7 | S California St 5.75 5/01/30 Х Х Х 8 S Frisco Tex Indp Sch 5.0 8/15/19 Х Х X 9 S Harris Cnty Tex 5.25 2/15/19 Х Х 10 S Jenks Okla 5.0 2/01/19 X

25.5	·
N. P.	ting Individual's Name

Thomas A Coburn

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number 16

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

Type and Amount of Income

Report the complete name of each publicly graded asset held by you, your spouse, or

At the close of reporting period. If None, or less than \$1,001, Check the first column.

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

BLOCK C

Report the complete name of each publicly raded asset held by you, your spouse, or				Che	ck the	first	colur	nn.						Т	ype	of	inco	ome	1					Α	mo	unt	tof	Inc	ome	е		
Four dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a	None (or less than \$1,001)	\$1,001-\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$300,000 \$500,001 - \$1,000,000	\$300,001 - \$1,000,000 Over\$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	rust (Other Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	00 F	Actual Amount Required if "Other" Specified
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2 S Oklahoma Cnty Okla 5.0 2/01/13		х													X							×						\dashv	\dashv			
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5 S Oklahoma St Cap 4.3 7/01/18		×							92° 1						X							×										
6 S Splendora Tex 4.25 2/15/21		x					8								х						_	×										
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Page Number 17

BLOCK B BLOCK A Valuation of Assets Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources			At th	alua ne clos	se of r	of A	\sse ting p	eriod	i.			If "I	None	e (or le	ess t incl	than { ludes		Type and is Checked e received	d An	other	nt of	/ is ne ne be	eede nefit	d in E				item.	This
Report the complete name of each publicly raded asset held by you, your spouse, or			11 1	Check	the f	irst co	olumi	n.					7	Type	of	Inc	ome					A	mol	unt	of Ir	ncon	ne		
rour dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000 \$100 001 - \$250 000	\$100,001 - \$230,000 \$250,001 - \$500,000	\$500,001 – \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over, \$50,000,000	None Dividends	Rent	interest	Capital Gains	Excepted Investment Fund	Excepted Trust Organified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000 6400 001 - \$1 000 000	\$100,001 - \$1,000,000 Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
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Example: DC, or J (S) Keystone Fund	士	100		7	x		Sign Algori		eus. Post					100,00	L	Х		Example	e X	-		_		+		+	1		Example
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7 SAES Trust III 6.75 PFD		×										×	4		1		\coprod		\bot	×	-		\vdash		+	+	+	+	
8 S Putnam Intl New Oppt Fund		×						_				х			4	X			1	+	+	-		\vdash		+	+	+	-
9 S UTD Rentals Tr I 6.5 PFD		x	S. C. C.				an.						× _	_	_		11		1	×	\bot	<u> </u>		\vdash			+		-
10 S Franklin Bank 4.0 5/01/27	×			Page 1		755 441	3.00 at							×						×									

Thomas A Coburn

Example: DC.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

18

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

BLOCK B Valuation of Assets

Type and Amount of Income

BLOCK C

Report the complete name of each publicly Fraded asset held by you, your spouse, or Prour dependent child, (See p.3,

CONTENTS OF REPORTS Part B of pinstructions) for production of income or investment which:

(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned"

income during the reporting period. Sinclude on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

(S)

1 | S Alliance Holdings GP, LP

2 S Boardwalk Pipeline Partners, LP

3 S Eagle Rock Energy Partners, LP

S Energy Transfer Partners, LP

4 | S Energy Transfer Equity, LP

S Navios Maritime Partners

S Nustar Energy, LP

S Oneok Partners, LP

9 S Williams Partners, LP

10 S Regency Energy Partners, LP

IBM Corp. (stock)

Keystone Fund

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual. At the close of reporting period. If None, or less than \$1,001, Check the first column. Amount of Income Type of income Actual Amount Excepted Investment Fund Other \$25,000,001 - \$50,000,000 \$1,000,001 - \$5,000,000 \$1,001) \$201) \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 Required \$500,001 - \$1,000,000 Over \$1,000,000*** \$50,001 - \$100,000 Qualified Blind Trust \$100,001 - \$250,000 \$250,001 - \$500,000 \$15,001 - \$50,000 (Specify None (or less than Over \$5,000,000 \$50,001 - \$100,000 Over \$1,000,000*** \$5,001 - \$15,000 "Other" Over \$50,000,000 None (or less than \$15,001 - \$50,000 Type) \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$15,000 Specified **Excepted Trust** \$201 - \$1,000 Capital Gains Dividends Interest None Rent Example Х Example Х Х Example Χ X Example Χ -220 O&G Х -4 O&G X -286 O&G Χ -109 O&G X 0 O&G X Х X Χ -8 O&G X -230 O&G Χ 56 O&G Х -606 O&G X

00	ting Individual's Name
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Page Number

19

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources

earned Income Sources

At the close of reporting period.

If None, or less than \$1,001,

Check the first column

BLOCK B

Valuation of Assets

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

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Type of Income

Page Number

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BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources

BLOCK B Valuation of Assets

BLOCK C Type and Amount of Income

Report the name, address (city, state and description) of each interest held by you,

At the close of reporting period. If None, or less than \$1,001, Check the first column.

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Amount of Income

Nour spouse, or your dependent child (See D.3, CONTENTS OF REPORTS Part B of Pinstructions) for the production of income For investment in a non-public trade or Sousiness which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over\$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001_\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, JP Computer, Software Design, Example: DC, Wash DC				Х								1907 (B)		X							Example		х										Example
or J Undeveloped land, Dubuque, Iowa					Х	4 閲				ELWIN Silvi										F.F	Example	Χ						5					Example
Note receivable-McIntosh Muskogee, OK	х															X	x									х							
2 Medical Equipment Muskogee, OK	х														х								х										
Profesional Building Partners, LLC Muskogee, OK				alle de la company de la compa		X								Visit.	х	x	x								:		х						
Plaza Medical Center, LLC Muskogee, OK	x														х		x							17.					x				
5 Muskogee, OK Muskogee, OK	×															V gill					See Part II												See Part II
6 S Taber Development, LLC Muskogee, OK	x			MCP-5														- G - G - G - G - G - G - G - G - G - G			See Part II												See Part II
7 Muskogee Diagnostic Imaging, LLC Muskogee, OK		1 2 4 1 2 4 1 2 4 1 3 4	х	The state of the s										**							Med Serv												12,000
Thomas A Coburn, MD, Inc Muskogee, OK		х				d ph					-			ng Politi Sang				- 144 - 144		\$48 66.	Med Serv												(22, 551)
Pinnacle Income Partners II Tulsa, OK				x										X		х					O&G												(27, 952)
10												8.3																					

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Thomas A Coburn

Report any purchase, sale, or exchange by you, your spouse, or dependent Amount of Transaction (x) **Transaction** Ehild (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the Type (x) \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 Reporting period of any real property, stocks, bonds, commodity futures, and \$1,000,001 - \$5,000,000 On ther securities when the amount of the transaction exceeded \$1,000. \$500,001 - \$1,000,000 \$250,000 \$250,001 - \$500,000 Include transactions that resulted in a loss. Do not report a transaction Over \$1,000,000*** \$100,000 Transaction Over \$50,000,000 \$50,000 \$15,000 involving property used solely as your personal residence, or a transaction Date Boetween you, your spouse, or dependent child. Please clarify which two (Mo., Day, Yr.) Properties are involved in any reportable exchange. Exchange Purchase \$100,001 \$50,001 5,001 \$1,001 Sale Identification of Assets E М Р L Х Ε Х Α 2/1/0X X S, IBM Corp. (stock) NYSE Example: DC, Р Ε Ε Χ Х Α M 1/27/0X X (DC) Microsoft (stock) NASDAQ/OTC 7/10/08 Х Х Bronco Drilling 4/04/08 Х Х 2 Devon Energy Corporation 7/18/08 Х 12/23/08 Х 3 Ford Motor Company 12/31/08 X 4 | Halliburton Co 3/18/08 Χ Х 5 Helmerich & Payne Inc 2/28/08 Х Standard Pacific Corp 9/26/08 5/12/08 Х X Standard Pacific Corp 11/03/08 Х Х 8 Standard Pacific Corp 9/11/08 X X 9 Transocean 9/26/08 X Х 10 Transocean 9/29/08 Х ĹΧ 11 Transocean 10/06/08 12/31/08 X 12 Transocean

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Shi	id (See n.3)	chase, sale, or exchange by you, your spouse, or dependent CONTENTS OF REPORTS Part B of Instructions) during the		nsact /pe (:											0	000	
er Oth One One	porting perion ner securities clude transacy olving propertween you,	d of any real property, stocks, bonds, commodity futures, and swhen the amount of the transaction exceeded \$1,000. It is when the transaction exceeded \$1,000. It is what resulted in a loss. Do not report a transaction erty used solely as your personal residence, or a transaction your spouse, or dependent child. Please clarify which two involved in any reportable exchange.	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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1	or J Tyson Foods		X			11/20/08	X										
2	Tyson Foods			×		12/09/08	X								340 1.5		
3	AT&T Inc		X		2 10 E	2/21/08 6/30/08	Х										
4	Avanex Corp)	X		100 200 0 2 7 15 0 45	7/23/08 7/31/08	×		e K								
5	Boardwalk F	Pipeline Partners	X			11/03/08	X										
6	Cisco Syste	ms	X			12/29/08	X						7 1				
7	Dow Chemic	cal	×			12/09/08	x	180			No.			32			
8	Duke Energ	y Holdings Corp	X			12/29/08	×										
9	E M C Corp	Mass	×		S. S. S.	7/31/08	×							3			
10	General Ele	ctric Co	×		14 S	7/15, 9/15, 10/24/08	X		1 46 1 4 4								
11	JPMoragn C	Chase & Co	A*fi			10/10/08	x										
12	Microsoft Co	orp	i din Lati X			12/29/08	×					3					

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Re ch	eport any purchase, sale, or exchange by you, your spouse, or dependent hild (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the		nsac ype (0	8	
e otl	eporting period of any real property, stocks, bonds, commodity futures, and ther securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction envolving property used solely as your personal residence, or a transaction etween you, your spouse, or dependent child. Please clarify which two roperties are involved in any reportable exchange. Identification of Assets	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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1	Pfizer Inc	×			10/24/08 11/12/08	x		, () ()								
2	Powershares DB Crude Oil Double Long	X			12/31/08	×										
3	Fairchild Semiconductor 5.0 11/01/08		х		6/10/08	X		i.								r For Liesisi
4	UTStarcom Inc 7.625 3/01/08		х	240. 212.41 314.41	3/03/08	X										SA STATE
5	El Paso Tex 5.0 8/15/24		х		8/15/08	X		. 45		2-4						
6	Cimarex Energy Co		×		4/29/08	×		Ē								
7	Alliance Holdings GP, LP		x		12/30/08	×		i.								
8	Eagle Rock Energy Partners, LP		x	iking (12/30/08	x										2
9	Williams Partners, LP		×		6/10/08	X		- 44 - 485							To the second	
10	Boardwalk Pipeline Partners	X			6/10/08	×						2-1 2-1 2-2 2-2				
11	1 Navios Maritime Partners	X			6/02/08 12/30/08	X	10,000								120	
12	Nustar Energy, LP	X			6/10/08	×										

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1	UTD Rentals TR I 6.5 PFD	X			3/19/08	X									16. 17.	
2	Affymetrix Inc 3.5 1/15/38	×			4/23/08	X								79 (5) E 6 (7) (5) (6 6 (8) (8)		
3	Americredit Corp 0.75 9/15/11	X			2/21/08	X								hus		
4	Beazer Homes US 4.625 6/15/24	×			6/17/08	X								1		
5	Berk Hathaway Fin 5.0 8/15/13	25 (n. in.) 3m X			12/29/08		х			4.4	4	\$1 (1) \$1 (1) \$1 (1)			2	(
6	California St 5.75 5/01/30	16 X			3/19/08	X										
7	Ceradyne Inc 2.875 12/15/35	X			3/25/08	x										
8	Fed Home Loan Bank 5.375 6/10/11	X			6/10/08	x		aciól s								
9	Fortune Brands 5.125 1/15/11	X		or Erroge – Milandos	6/27/08	X		dratty 1 dratty			1 3					
10	Franklin Bank 4.0 5/01/27	X			2/21/08	X										
11	Frisco Tex Indpt Sch 5.0 8/15/19	X			4/07/08	×				di pengan				i j		7.4
12	Kraft Foods Inc 5.625 11/01/11	X			8/11/08	X		7 S25	6 7 0			ta self-të të shikare				

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er through the create	porting period her securities volude transactivolving propert propertiveen you. yo	of any real property, when the amount of to ions that resulted in a ty used solely as you our spouse, or dependented in any reporta	stocks, bonds, commodity futures, and the transaction exceeded \$1,000. I loss. Do not report a transaction repersonal residence, or a transaction dent child. Please clarify which two	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001-\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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1	Lifetime Brand	ls 4.75 7/15/11		X			6/23/08	х										
2	Madison Wis 4	1.25 7/15/11		X			3/12/08	×										
3	Splendora Tex	¢ 4.25 2/15/21		X		3 A.	9/03/08	×										
4	Trex Co Inc 6.	0 7/01/12		N X			2/19/08	х	7 1 1 1									
5	US Treasury N	Note 2.875 6/30/10		×			7/25/08	x									and the second	
6	Yellow Corp 5	.0 8/08/23		X			2/21/08	x										
7	IRA Owens III	inc PFD		\$2 21 11 21 42	х		1/31/08	x		in Salah Mala		l de la company						
8	IRA US Treas	ury Bill 2/14/08			х		2/14/08					x					li li	
9	IRA Airtran Ho	oldings 7.0 7/01/23		×			2/19/08	X								8.04		
10	IRA Americreo	dit 0.75 9/15/11		X		77 P. 15 P.	2/19/08	×		1.75						i Alexandria Californi Roberts		5 1342
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12	IRA Encore C	apital 3.375 9/19/10	A CONTRACTOR OF THE CONTRACTOR	Х			2/19/08	×										

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epoth Inc	orting period er securities v lude transacti olving propert ween you. Vo	of any real property, stocks, bonds, commodity futures, and when the amount of the transaction exceeded \$1,000. ons that resulted in a loss. Do not report a transaction by used solely as your personal residence, or a transaction ur spouse, or dependent child. Please clarify which two volved in any reportable exchange. Identification of Assets	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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5	IRA Toreador	Resources 5.0 10/01/25	3000 X			2/19/08	×						100 m		1 (1) 10 (1)		
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7	IRA Ceradyne	Inc 2.875 12/15/35	X	141		3/31/08	X						Si Gar				174-1
8	IRA Affymetrix	Inc 3.5 1/15/08	X			4/22/08	x			7		å					
9		e loan bank 5.375 6/10/11	X			6/09/08	×										
10	IRA Lifetime E	Brands 4.75 7/15/11	×			6/17/08	x					i.ē					
11	IRA Fortune E	Brands 5.125 1/15/11	X	J.	A CONTRACTOR	6/26/08	х		3.								
12	IRA US Treas	ury Note 2.875 6/30/10	X			7/23/08	- 13 E	X									

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9	S Williams F	Partners, LP			х	6/10/08	×							200		_	
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er control	porting period ner securities clude transac volving prope tween you.	d of any real property, stocks, bonds, commodity futures, and swhen the amount of the transaction exceeded \$1,000. In the control of the transaction exceeded \$1,000. In the control of the transaction entry used solely as your personal residence, or a transaction your spouse, or dependent child. Please clarify which two involved in any reportable exchange. Identification of Assets	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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5	S US Treasury Note 2.875 6/30/10	. X		13°	7/25/08	×				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	ř					
6	S Yellow Corp 5.0 8/08/2	, x			2/21/08	X		14 130								
7	S Tulsa Cnty Okla Ind 5.0 5/15/12	X			11/07/08	X		14500000 2 E 3 G		100 100 100 100				- 多 面 (
8	S Tulsa Cnty Okla Ind 5.0 1/01/01	X			6/05/08	X						llie .				
9	S IRA US Treasury Bill 2/14/08		×		2/14/08		x									
10	S IRA GATX FinI Corp 8/875 6/01/09	X		EAC RES	6/11/08	x				50 S						
11				1,200 1,200			5									
12				96 39 2000												

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

30

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was sheld.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

pe								
penSeci	N	ame of Organization	Address	(City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
\det	ample:	National Assn. of Rock Collectors	NY,NY E	XAMPLE	Non-profit education	President	6/90	Present
δ Ex	ample:	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/95	11 / 0X
1	Profes	sional Building Partners, LLC	Muskogee, OK		Real estate LLC	Manager	1/88	Present
2	Plaza	Medical Center, LLC	Muskogee, Ok		Real estate LLC	Manager	1/90	12/08
3	Thoma	as A Coburn, MD, Inc	Muskogee, OK		Medical clinic	President	11/85	Present
4								
5			:					
6								
7								
8								
9								
10								
11								
12								
13								

Compensation in excess of \$200 from any position must be reported in Part II.

PART IX. AGREEMENTS OR ARRANGEMENTS

31

Report your of other inte or continuing arrangemen Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

5		angemente et senemer		
) }		Status and Terms of any Agreement or Arrangement	Parties	Date
Examp		Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA Example	1/93
Examp	ole:	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD Example	1/0X
I Ag	greer	ment to collect accounts receivable from prior services as a physician	Muskogee Allergy Clinic Partnership	3/05
2 Ag	greer	ment to collect accounts receivable from prior services as a physician	Maternal & Family Practice Associates, LLC	4/05
3				
4				
5				
3				
7				
8				
9				
0				
1				
2				
13				
14				

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

http://www.senate.gov/lobby

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Organization/Lobbying Firm Self Employed AFFYMETRIX, INC	Individual				
2. Address Check if different than previously reported Address 1 3380 CENTRAL EXPRESSWAY City SANTA CLARA State					
3. Principal place of business (if different than line 2) City State	Zip Code - Country				
4a. Contact Name Barbara Caulfield b. Telephone Number International Number (408) 731-5151	c. E-mail 5. Senate ID# 75991-12				
7. Client Name Self Check if client is a state o	6. House ID# 360980000				
TYPE OF REPORT 8. Year 2008 Q1 (1/1 - 3/31) 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ☐ Termination Da INCOME OR EXPENSES - YOU MUST complete	te 03/31/2008 11. No Lobbying Issue Activity				
12. Lobbying	13. Organizations				
INCOME relating to lobbying activities for this reporting period was: Less than \$5,000	EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000				
\$5,000 or more \$	\$5,000 or more				
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. Method A. Reporting amounts using LDA definitions only				
	Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code				
Signature Filed Electronically	Date 04/18/2008				
Printed Name and Title Barbara Caulfield, Executive Vice Presider	nt and General Counsel				
10·0·11	1 age 1 01 <u>3 </u>				

15. General issue area code	HCR	HEALTH ISSUES		(one per page)		
16. Specific lobbying issue	s					
Issues regarding (1) ge	enetic privacy	y and nondiscrin	nination; (2) access to healthcare technology adv	ance	es;
` ' '	•	•		netic Information Nondiscrimination Ac	ct (th	е
entire bill) and S.1551,	, Comprehen	sive Tuberculos	sis Eliminati	on Act (the entire bill).		
17. House(s) of Congress a			ck if None			
U.S. HOUSE OF REI	PRESENTA	TIVES, U.S. S	ENATE			
18. Name of each individual	l who acted as a	lobbyist in this issu	ue area			
18. Name of each individual	l who acted as a	ı lobbyist in this issu	ue area	Covered Official Position (if applicable)		New
		ı lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	ı lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	ı lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name	Last Name	a lobbyist in this issu	ı	Covered Official Position (if applicable)		New
First Name Jennifer	Last Name Leib		Suffix			New
First Name	Last Name Leib		Suffix			New
First Name Jennifer	Last Name Leib		Suffix			New
First Name Jennifer	Last Name Leib		Suffix			New
First Name Jennifer	Last Name Leib		Suffix			New

Client Name AFFYMETRIX, INC

AFFYMETRIX, INC

Registrant

15. General issue area code			(one per page)		
			(one per page)	(one per page)	
16. Specific lobbying issues	-1 -1	and and finding the con-			
issues regarding intelle Research and Accessi		_	earch. Specific legislation: HR 977, Ge	enomic	
17. House(s) of Congress and U.S. HOUSE OF REPI					
0.3. 11003L OF INLFT	YESENIA	TIVES, U.S. SENATE			
18. Name of each individual w	ho acted as a	lobbyist in this issue area			
18. Name of each individual w			Covered Official Position (if applicable)	New	
First Name	Last Name	lobbyist in this issue area Suffix	Covered Official Position (if applicable)	New	
			Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name	Last Name		Covered Official Position (if applicable)	New	
First Name Jennifer	Last Name Leib			New	
First Name Jennifer	Last Name Leib	Suffix		New O O O O O O O O	
First Name Jennifer	Last Name Leib	Suffix		New	
First Name Jennifer	Last Name Leib	Suffix		New	
First Name Jennifer	Last Name Leib	Suffix		New O	

Client Name AFFYMETRIX, INC

AFFYMETRIX, INC

Registrant

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

Secretary of the Senate Received: Feb 13, 2008

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page
1. Registrant Name:
AFFYMETRIX
2. Address: 3380 CENTRAL EXPRESSWAY, SANTA CLARA, CA 95051
3. Principal place of business (if different from line 2):
4. Contact Name: JENNIFER R. LEIB Telephone: 2027561316 E-mail (optional): Jennifer_Leib@affymetrix.com
Senate ID #: 75991-12 House ID #:
7. Client Name: 🔀 Self
TYPE OF REPORT
8. Year 2007 Midyear (January 1 - June 30): OR Year End (July 1 - December 31): 🗵
9. Check if this filing amends a previously filed version of this report:
10. Check if this is a Termination Report: => Termination Date: 11. No Lobbying Activity:
INCOME OR EXPENSES
Complete Either Line 12 OR Line 13
12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000:
\$10,000 or more: => Income (nearest \$20,000):
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).
13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000:
\$10,000 or more: X => Expenses (nearest \$20,000): 220,000.00
14. Reporting Method. Check box to indicate expense accounting method. See instructions for description of options.
Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

Issues regarding (1) genetic privacy and nondiscrimination; (2) access to healthcare technology advances; (3) personalized medicine; and (4) appropriations for National Institute of Health. Specific legislation: S.306, Genetic Information Nondiscrimination Act (the entire bill) and S.1551, Comprehensive Tuberculosis Elimination Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted: HOUSE OF REPRESENTATIVES SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. None

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: SCI (one per page)

16. Specific lobbying issues:

Issues regarding intellectual property and furthering research. Specific legislation: HR 977, Genomic Research and Accessibility Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted: HOUSE OF REPRESENTATIVES SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. None

Signature: ON FILE Date: Feb 13, 2008

Printed Name and Title: JENNIFER R. LEIB, DIRECTOR OF -

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: WELLS, ROBERT C.

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Feb 13, 2008

Printed Name and Title: -

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

Secretary of the Senate Received: Aug 08, 2007

LOBBYING REPORT

 Registrant Name: **AFFYMETRIX** 2. Address: 3380 CENTRAL EXPRESSWAY, SANTA CLARA, CA 95051 3. Principal place of business (if different from line 2): 4. Contact Name: ROBERT C. WELLS Telephone: 2027561354 E-mail (optional): Robert_Wells@affymetrix.com Senate ID #: 75991-12 House ID #: 7. Client Name: X Self TYPE OF REPORT 8. Year 2007 Midyear (January 1 - June 30); X OR Year End (July 1 - December 31); 9. Check if this filing amends a previously filed version of this report: 10. Check if this is a Termination Report: => Termination Date: 11. No Lobbying Activity: INCOME OR EXPENSES Complete Either Line 12 OR Line 13 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000: \$10,000 or more: => Income (nearest \$20,000);_ Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). 13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000: \$10,000 or more: X => Expenses (nearest \$20,000): 320,000.00 14. Reporting Method. Check box to indicate expense accounting method. See instructions for description of options. Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code: DEF (one per page)
- 16. Specific lobbying issues:
- 17. House(s) of Congress and Federal agencies contacted: None
- 18. Name of each individual who acted as a lobbyist in this issue area:
- 19. Interest of each foreign entity in the specific issues listed on line 16 above. None

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

Issues regarding (1) genetic privacy and nondiscrimination; (2) access to healthcare technology advances; (3) personalized medicine; and (4) appropriations for National Institute of Health, Specific legislation; S.306, Genetic Information Nondiscrimination Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted: HOUSE OF REPRESENTATIVES SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: KREINER, THANE

Covered Official Position (if applicable): N/A

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. None

LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: SCI (one per page)

16. Specific lobbying issues:

Issues regarding intellectual property and furthering research. Specific legislation: HR 977, Genomic Research and Accessibility Act (the entire bill).

17. House(s) of Congress and Federal agencies contacted: HOUSE OF REPRESENTATIVES SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: KREINER, THANE

Covered Official Position (if applicable): N/A

Name: LEIB, JENNIFER

Covered Official Position (if applicable): N/A

Name: WELLS, ROBERT C.

Covered Official Position (if applicable): N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above. None

Signature: ON FILE Date: Aug 08, 2007

Printed Name and Title: ROBERT C. WELLS, VICE PRESIDENT, GOVERNMENT RELATI -

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: KREINER, THANE

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

DEF

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Aug 08, 2007

Printed Name and Title: